

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:645

ANSWERED ON:26.02.2016

Healthcare Services

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether as per the report of the World Health Organization, there is no improvement in the healthcare services of the Government over a period of time and if so, the details thereof;
- (b) whether the majority of healthcare services are concentrated in the urban areas of the country, if so, the details thereof and the reasons therefor;
- (c) the action taken by the Government to bring parity in the healthcare services available in the urban and rural areas;
- (d) whether the Government has taken a decision to monitor the healthcare sector and set up a monitoring mechanism for improving health indicators in the public healthcare sector; and
- (e) if so, the details and status of implementation thereof along with the other measures to supplement the above mentioned decision?

Answer

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a): No such report has come to the notice of the Ministry.

(b): As per the National Health Profile, 2015, the number of beds in rural hospitals is 183602 as against 492177 beds in urban hospitals. The State/UT wise details of number of beds are at Annexure.

(c): Public Health being a State subject, the primary responsibility to provide health care services to all the citizens, lies with the State Governments. The Government of India launched the National Rural Health Mission, now subsumed as a Sub Mission of the National Health Mission (NHM) in 2005 to improve the healthcare services, particularly in rural areas. To improve the availability of critical manpower to provide services in public health facilities, financial support is provided to States under NHM, inter-alia for giving hard area allowance to doctors for serving in rural and remote areas and for their residential quarters, so that doctors find it attractive to join public health facilities in such areas. States have also been advised to have transparent policies of posting and transfer, and adopt rational deployment of doctors.

In order to encourage the doctors to work in remote and difficult areas, the Post Graduate Medical Education Regulations, 2000 has also been amended to provide:

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas; and,

(ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

(d) & (e): The implementation and progress of the National Health Mission (NHM) is monitored/ reviewed at the national level through Annual Common Review Missions (CRM) which comprise of government officials from different Ministries and NITI Aayog, public health experts and representatives of development partners and civil society. At the District Level, the "District Level Vigilance & Monitoring Committees" are constituted to monitor the progress of implementation of National Rural Health Mission under the overall Framework for Implementation. Other mechanisms include external surveys such as Sample Registration Survey (SRS), the District Level Household Survey (DLHS) and National Family Health Survey (NFHS) besides regular monitoring visits from National Program Management Units to States & districts and from States to districts & blocks. The Health Management Information Systems (HMIS) helps to monitor the performance of public health facilities.